

# Data Points

RESULTS FROM THE 2009 CALIFORNIA WOMEN'S HEALTH SURVEY

Contraceptive use helps couples plan their families, space the births of their children, and is a critical factor in avoiding unintended pregnancy. Women can choose from a variety of available contraceptive methods based on their needs. Long-acting reversible contraception (LARC) methods<sup>1</sup> such as the intrauterine contraceptive (IUC) and implant are highly effective. An implant needs to be replaced after three years, while an IUC can last up to ten years. Among U.S. women ages 15 to 44 who are currently using contraception, only 5.5 percent use an IUC and 1.1 percent use implants.<sup>2</sup> Consequently, there is potential to expand awareness about LARC and its high efficacy and overall cost effectiveness.

Since 1997, the California Women's Health Survey (CWHS) has included annual questions sponsored by the Office of Family Planning that ask about types of contraception that are currently used by women of reproductive age to avoid unintended pregnancy. This analysis, describes the characteristics of women who reported using LARC. Contraceptive methods were classified into permanent (male and female sterilization), LARC (IUC and implant), other hormonal (oral contraceptives, injection, ring, patch), and barrier methods. The combined 2007 to 2009 CWHS datasets consisting of 6,142 women ages 18 to 49 were used to yield a more stable estimate of contraceptive use. Responses were weighted by age and race/ethnicity to reflect the 2000 California adult female population. Chi square statistics were used to assess the statistical significance of proportions reported; significant results were

based on a *P* value that was less than or equal to .05.

The analysis was further restricted to sexually active women, regardless of contraception use, and those who were not pregnant or trying to become pregnant. Of this group, 22.5 percent were not currently using contraception. Among contraceptive users, 10.6 percent were using LARC methods, and of these, nearly all were IUC-users: only eight respondents (0.2 percent) reported using an implant. Hormonal contraceptives were the most common method (30.6 percent), followed by permanent methods (27.4 percent), and condoms (24.3 percent). The remaining 7.2 percent of women reported using other methods such as the sponge, cervical cap, withdrawal, and others.

Compared to women who choose hormonal contraceptives, LARC users were more likely to be older, foreign-born, and married. More than six in ten women (63.8 percent) were ages 30 and older, compared to less than half (47.2 percent) of hormonal contraceptive users. The proportion of foreign-born was 39.6 percent among LARC users vs. 29.6 percent among hormonal contraceptive users. Sixty-nine percent were married among LARC users vs. 47.7 percent among hormonal contraceptive users (Figure 1).

## *Use of Long-Acting Reversible Contraception Methods Among California Women Ages 18 to 49, 2007-2009*

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### **Public Health Message:**

*Although long-acting reversible contraception methods are highly effective, usage is low (albeit higher than national estimates): only 1 in 10 women among contraceptive users. Given that most unplanned pregnancy occurs among women younger than 30, increasing LARC usage among this age group can help reduce unwanted pregnancy. More clients and health-care providers need to be aware of the advantages offered by LARC for the prevention of unintended pregnancy.*

## Use of Long-Acting Reversible Contraception Methods Among California Women Ages 18 to 49, 2007-2009

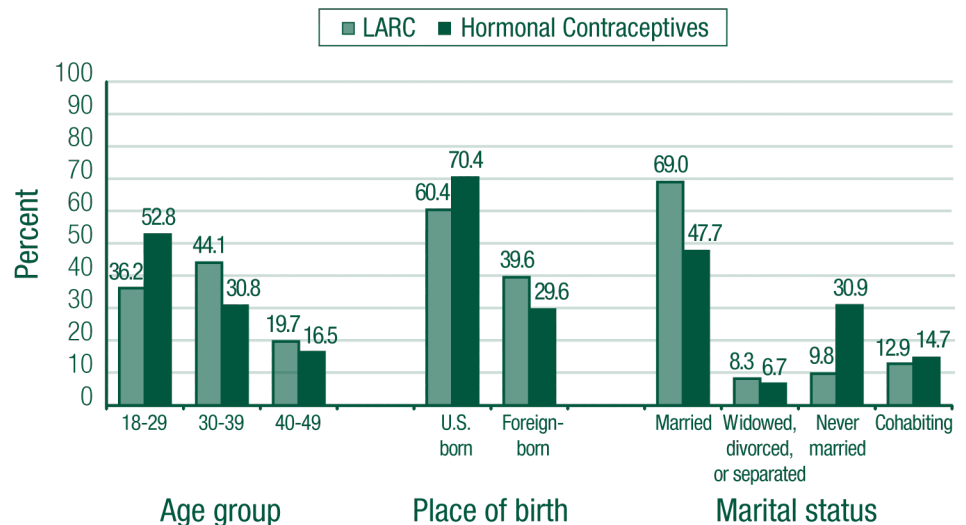
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The characteristics of women reporting use of LARC methods were as follows:

- Slightly more women between the ages of 30 to 39 (13.0 percent) reported using a LARC method than younger women (ages 18 to 29; 11.8 percent) and older women (ages 40 to 49; 6.5 percent).
- LARC usage was higher among Hispanics (12.3 percent) and Asians/Pacific Islanders (11.0 percent) than among Whites (9.8 percent) and African Americans/Blacks (6.0 percent).
- LARC usage was slightly higher among women with household incomes at or below 200 percent of the federal poverty level than women with higher household incomes (12.0 percent vs. 9.9 percent).
- LARC usage was higher among women without current health insurance coverage (15.9 percent) than women who had public health coverage (11.3 percent) and those with private/other health coverage (9.6 percent).

Figure 1

### California Women Ages 18 to 49 Using Long-Acting Reversible and Hormonal Contraceptives by Select Demographic Characteristics, 2007-2009



Notes: LARC were long-acting reversible contraception methods that included intrauterine contraceptives and implants. Hormonal contraceptives consisted of oral contraceptives, injections, rings, and patches.

Source: California Women's Health Survey, 2007-2009

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- 1 Speidel JJ, Harper CC. The potential of long-acting reversible contraception to decrease unintended pregnancy. *Contraception Editorial* 2008; 78:197–200.
- 2 Mosher WD, Jones J. Use of contraception in the United States: 1982-2008. *Vital Health Stat* 23. 2010; 23(29):1-44.

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